

count of the volatility of several antiseptics; iodoform and salicylic acid preparations cannot be sterilized by heating at all, carbolic acid preparations only with difficulty; the corrosive sublimate preparations, however, may be best sterilized by heating.

The writer sought to obtain a sterilization of raw iodoform by heating the powder in closed glasses for an hour at  $85-90^{\circ}$  c. In some of these experiments bacterioscopic examination showed the result to be satisfactory.

With regard to the capability of our ordinary corrosive sublimate dressing materials to sterilize septic fluids secreted from wounds, he found that sublimate gauze containing 4% of this antiseptic *did not possess this property at all*. Carbolyzed gauze (20%) gave a little better yet an entirely uncertain result. "But," says the writer in closing, "if the asepsis of our dry dressing materials be uncertain and entirely accidental, and the antiseptic action a minimal one, why do we use an antiseptic preparation?"

He recommends the procedure long since used in v. Bergmann's clinic of sterilizing the unimpregnated materials, by means of steam; a similar procedure has also been used for several years by Prof. Bloch in Copenhagen.

**IV. On Remedies for Neutralization of the Tetanic Virus and the Surgical Prophylaxis of Tetanus.** By G. SORMANI (Naples). In an earlier series of experiments published in August, 1889, Sormani found that iodoform was one of the most energetic disinfectants of the tetany producing virus, and that iodol and an acid (20%) solution of corrosive sublimate were similar in their action. A second series of experiments has shown that also chloral, chloralium, camphoratum and chloroform had a similar power, while camphor and spiritus camphoratus had no favorable action. Since then Prof. Maz-zuschelli has used iodoform (locally) in two cases which in and towards the end of May, 1889, came under treatment.

In one case a girl while working in a garden with a spade inflicted upon herself a large torn wound in the calf of the right leg. Eight days after tetanus made its appearance and she was taken into

the hospital at Pavia. After excision of the necrosed portion the wound was cleansed with a 2% sublimate solution, dusted over with iodoform and chloral hydrate given internally. The patient died twelve hours later. In the other case, the patient had run a splinter into her foot between the great and second toe while following a path barefooted over a field. Six days later tetanus made its appearance, the splinter was removed, and treated the same as the preceding case; death after four days, ten days after the injury.

In the first case Sormani inoculated two rats and one rabbit with the tissue which was removed from the wound before dusting with iodoform; all three died from tetanus forty-eight, seventy-two and ninety-six hours after. Two rabbits inoculated with a piece from the wound after the death of the patient remained alive. In the second case a piece of iodoformized tissue and one from the tissues lying more deeply were used for inoculation of two rats, which however remained alive. A culture glass filled with agar which was inoculated with a piece of the wound-tissue remained sterile; another inoculated with a piece excised more deeply developed staphylococci. The Professor concludes from these and further experiments that where tetanus is already developed iodoform is not able to prevent its further course but may neutralize the virus on the surface of the wound. —*La Riforma medica di Napoli*, 1890, Jan. 11-13.

**V. On Carbolic Acid Injections in Tetanus.** By BACCELLI (Roine). Baccelli used subcutaneous injections of carbolic acid and indeed 1 cg. every hour. In 1887 he cured a grave case and now he has another such a one under treatment, where the injections have produced such an improvement that recovery is beyond a doubt. A similar favorable result is communicated in No. 18 of the *Riforma medica*, 1887.—*Riforma medica*, Jan. 25, 1890.

**VI. Tuberculosis of the Skin, Probably due to Vaccination.** By K. G. SENNANDER. The patient, a student of philosophy, 35 years old, presented tuberculosis of the skin of the right upper arm. The lesion had developed after the first vaccination, and later